

Central MRS Meeting Notes
June 16th, 2008
Alamance Ag. Extension

Counties Present: Alamance, Iredell, Moore, Person, Rockingham, Rowan, Stokes, Union, Vance, Yadkin.

Introductions

Announcements – Children's Services

Standardized Documentation Tool – overview, questions

SOC – Baby Steps: Existing Meetings, Who

Expanding MRS meetings

Announcements

- Significant lack of 215 data being keyed in the MRS database. 210 and 109 are being entered, but very little 215 information in there. Approximately 95% of 109 records do not have a corresponding 215 record. This suggests that we may not be capturing the 215 information in the database. It is critical to get this information entered in the system. We will be getting a lot of our information about CFT's from this database. This data is also used to present information to the General Assembly. If we can show that there are services that are needed but are not available either because they are not available or the wait is too long, that is powerful. Anecdotal information is not as good.

Children's Services

- Met last week and the Division presented several policy issues, all of which were approved.
 - Confidentiality, new chapter on CFT's, new chapter on Court (that puts all court information into one place)
- Foster Home Visit Documentation Tool – this also passed. It was designed to address children in home care, and did not fit as much with children in Group Care. So the Children's Services Committee approved a very similar tool for use with children in Group Care. These have not been assigned form numbers yet, therefore are not on the website.

Standardized Documentation Tool

Patrick discussed the tool and took questions. *Note: For more in-depth explanation of this tool please see MRS notes from May, as the bulk of that meeting was devoted to discussing the tool.*

- This does not change anything about the way you do an assessment, just how you document it.
- DSS 5010, 5010a, and the instructions are on line at this time. Currently they are not interactive. Wanted to make the format of the forms available so that if counties had questions or wanted to incorporate them into their own data systems before July 1, they could do so.
 - Currently DSS interactive forms allow you to type in information and print it, but if they are interactive you can't save them. Patrick is told

that when these become interactive on July 1, you will be able to save them so that you do not have to complete them all at once. Probably have to have the most recent version of Adobe.

- Question was asked why it was not put out of the web interactively so that folks could tweak it? The reason was Children's Services voted to make this start July 1, but it was not possible to have this interactive before that time.
- You will not be able to tweak the .pdf version regardless if it is the interactive version or not. If you want to tweak it, you can request the Word version of the form. Email Patrick and ask for it, and he will send it to you in Word.
- Some counties piloted this form, and if you were one of those counties, make sure that the forms you are using have "DSS 5010" at the bottom and is not a lettered version. "Version F" and other lettered version were used at various points in the development of the tool and have been tweaked somewhat. Need to ensure that you are using the final version; the official DSS 5010 with a revision date of 4/08.
- The Case Staffing Form is not attached to the end of this tool, although it would make sense and provide closure. The reason is that the Case Decision form (5228) is already a stand alone form, and you can't have a form within a form so we can't combine those. However you can get copies of them both in Word, and combine those locally.
- As mentioned last month, the plan is to let these forms stand "as is" for 6 months before making any changes.
 - We are already aware that Section 7 is confusing.

Questions

- Space on the form for type of report, and one place to additional allegations, how do you reflect multiple additional allegations? Recommend that you detail the 3rd and any additional allegations in the "explain" box for question #8.
- Are counties using this as a stand alone document to take the place of narrative? Yes. The DSS 5010a will become your running narrative.

5010a

- Captures every ongoing contact you have in this case after initiation.
- Page 6 – Section 7, Initial Family Contact. Division is already aware that this section is somewhat problematic, so when changes are made in about 6 months, likely will be some changes here. Section 7 is designed to capture one thing only. CAPTA says that the person about whom the allegations are made must be informed, at least in general terms, at first contact with that person. You don't have to provide all the details, you can say "improper supervision" instead of "There has been a report that on Dec 7th you left your 4 year old home alone for 2 hours while you went out and got drunk."
 - If you go to the school and see the child first, that contact would not go in Section 7. Could reword Section 7 as "Initial Contact with Person Against Whom Allegations are Made – or Contact with Person responsible for Child Maltreatment" (don't want to say "Initial

Perpetrator Contact” because in Family Assessments there is not a perpetrator.)

- Initiation still refers to the first time you have face-to-face contact with the child – this is Section 8.
- In a family assessment, the times/dates for Section 7 and 8 could be the same. If Dad was the alleged maltreater, and you made the appointment to visit with Mom, when you met with Mom, Dad, and Child, that was case initiation, as well as the first time you saw Dad.
- It is ok to reference another place in the narrative if you have already recorded information that answers a particular question. However, when you reference be sure you are specific to where to find the referenced information, and be sure that it is there. Don't just say “see narrative” say “see July 17th narrative”.
- Pilot counties report that this is an excellent tool – for new workers it gives them a step by step guide for what to do, also for seasoned workers because they are so used to doing it, that they might leave something out that would result in confusion to someone else reading the record.
- What if you get another report while you are still assessing? Use the guidelines: if there will be 1 5104, there should be 1 5010.
 - If the allegations are just the same you don't need to copy Sections 7 & 8, if however, they are different, to make it clean and clear that you responded to each report in a timely manner, copy the boxes for Sections 7 & 8 and fill them out for each new report with different allegations.
- Requested that the state make up a mock case on the forms so that workers could see *it* on the forms. Patrick said the Division could do that, but it may cause more questions than answers because of the little things that each county does differently, therefore is somewhat reluctant to do it.
 - Rockingham did this on their own for one of their cases and reviewed it on an overhead with workers and they all found it helpful, since it was an actual case from their county, it was clear to all workers.
- Section 6 - Child and Family Medical Well-Being –want to try and get to the medical information for the children you are assessing, and any caregiver when their medical information can affect their ability to care for their children. Medical conditions of caretakers that are completely irrelevant to the case do not need to be and should not be included.
- SEEMAPS – A way to capture global assessments of the family. (Discussed in Pre-Service). They are not to be used as a script, but helps to guide workers on what they are looking for.
- Counties that have been using it said the first times it takes a long time, but now are zipping though it and it does lead to more complete documentation.
- Where do we go from here?
 - After the 6 months of all counties using it, and making suggested changes, the Division will go to Children's Services and ask for permission to do the same thing for 215 and 109. So, about a year before those come out.

System of Care – Baby Steps: Existing Meetings, Who

Holly has been talking about System of Care at all of these meetings and we want to move this forward. Feels that counties may be confused as to what SOC means to them if they are not one of the three grant counties.

- SOC is a philosophy of how to work with families. Takes MRS philosophy outside of DSS to work with all other community partners.
- Across the country accessing the school system has consistently been the hardest system to partner with.
- At a conference in Washington last week, a person from ACF was talking about their vision for System of Care where the focus of DSS would be much narrower, focusing on the more extreme cases of child maltreatment because the less severe ones will be taken care of by the community, and prevention programs will have a greater outreach so that there will be fewer of those cases to begin with.
 - Have to remember though, that DSS doesn't know everything, and we have to be willing to give up some control, and realize that other agencies are doing their jobs as well.

Baby Steps

- How do we develop cross system CFTs where we can bring the appropriate players to the meetings? Not every system to every meeting, but the ones who are relevant to a particular case.
- The way to sell this, particularly to child welfare workers, is to let them know that if you are doing this, then once you have started, you are not out there alone in working with this family.
- Who are people we need to have at the table: MH, DJJ, Schools, Faith Based, Families.
- There are many statutorily mandated meetings with child serving agencies within the community. Being a part of one of those is step in the right direction toward further collaboration.
 - Mental Health Community Collaborative – (comes out of the mental health system) most counties have one of their own, but some may have one that crosses several counties because LME's may serve multiple counties. This collaborative has money attached to it. All LME's have a System of Care coordinator.
 - JCPC – Juvenile Crime Prevention Council.
 - CAC – Child Advocacy
 - Partnership for Children – Smart Start
 - CCPT – Community Child Protection Team
- Three of the major things that are looked at are: domestic violence, substance abuse, and mental health.

- One of the advantages of having all these groups talking to each other is that each agency then recognizes the needs of the others. They can put a plan in place to address the time frames of the other agencies to schedule meetings. This way there is a plan in place regarding meetings before you, as the individual social worker, are trying to schedule a meeting with all these folks.
- Getting the buy-in from the heads of these agencies makes it much easier.
- Possible Topics:
 - Protocols
 - How we can work together – who is the lead agency, how are cases handed off between agencies
 - How do we leverage funding in the community – want to maximize the amount of money coming into the county, and not duplicate services.
- How do you get Private Mental Health providers on board?
 - Some counties have told Holly that if you can find something that the private providers want, and you are able to offer it to them, they are more willing to come.
 - Some are willing to come because the CFTs help meet their needs.

Who?

- Want to start inviting community and family partners to these meetings.
- How do we want to do this?
 - Will be adding the family partners from the 3 pilot counties to the MRS email list.
- Does anyone see logistical issues with having non-DSS people here at these meetings because some of the frank discussions we have?
 - Hard to balance things DSS needs to know, like the documentation of today, with respecting community partner's time.
 - In 3 hours we now sometimes don't get things all the things we want said or we get off topic, and there are a limited number of people here, would we realistically accomplish anything and would anyone truly get heard, if we had 3 times as many people from different areas?
 - Perhaps a quarterly meeting for the community partners and the topics at those meetings would be only things that effect the community, no "just DSS stuff" like the Structured Documentation that we discussed today.
 - Would need very tight facilitation to make us stay on topic and respect timelines.
 - Good chance for us to let some things go, and also to re-educate the community as to what the responsibilities of DSS are, and what is not under the jurisdiction of DSS.

Things to think about for next time

- Writing a chapter of policy on Shared Parenting – start thinking about what you think should be included in there. Will talk more about this in July.

July Meetings:

Central: Moore County – July 24th

Western: Asheville – Church - July 23rd

Eastern: Johnston County – July 30th